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WILLIAM W. WATKINSON, JR.  
JOSEPH H. HOWITT  
MICHAEL J. BUTLER  
LENNY SEGEL\*  
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OF COUNSEL

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\*ALSO ADMITTED IN FLORIDA

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30500 VAN DYKE, SUITE 101  
WARREN, MICHIGAN 48093  
TELEPHONE (586) 573-7766

May 26, 2011

**VIA NEXT DAY AIR**

Harvey R. Miller, Esq.  
Stephen Karotkin, Esq.  
Joseph H. Smolinsky, Esq.  
Weil, Gotshal, & Manges, LLP  
767 Fifth Ave.  
New York, New York 10153

Re: Motors Liquidation Company, et al. f/k/a General Motors Corp., et al.  
Chapter 11 Case No.: 09-50026

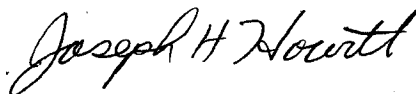
Dear Sir/Madam:

Enclosed please find a Proof of Claim in this matter. Mr. Warner's claim arises out of an action for no-fault benefits under Michigan law arising out of an automobile accident that occurred on May 9, 2007. Claimant has never been advised of any claim cut-off date relative to this claim, but is filing a claim in this matter to claim his interest as of record.

If you have any questions, please contact this office.

Very truly yours,

**BERNSTEIN & BERNSTEIN**



**Joseph H Howitt**

JHH/ald  
Encls.

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May 26, 2011

**VIA NEXT DAY AIR**

Clerk of the Bankruptcy Court  
Southern District of New York  
Alexander Hamilton Custom House  
1 Bowling Green  
New York, New York 10004

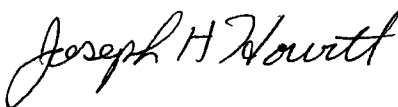
Re: Motors Liquidation Company, et al. f/k/a General Motors Corp., et al.  
Chapter 11 Case No.: 09-50026

Dear Clerk:

Enclosed please find Proof of Claim of Donald Warner and Proof of Mailing in this matter.

Very truly yours,

**BERNSTEIN & BERNSTEIN**



**Joseph H Howitt**

JHH/ald  
Encls.

cc: Harvey R. Miller, Esq.  
Stephen Karotkin, Esq.  
Joseph H. Smolinsky, Esq.  
Weil, Gotshal, & Manges, LLP  
767 Fifth Ave.  
New York, New York 10153  
**VIA NEXT DAY AIR**

B 10 (Official Form 10) (04/10)

<b>UNITED STATES BANKRUPTCY COURT</b> Southern District of New York			<b>PROOF OF CLAIM</b>
Name of Debtor: <b>Motors Liquidation Company, et al., f/k/a General Motors Corp., et al.</b>		Case Number: <b>09-50026</b>	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Donald Warner c/o Joseph H Howitt, Esq.</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____	
Name and address where notices should be sent: <b>Joseph H Howitt, Esq.</b> <b>18831 W. 12 Mile Rd.</b> <b>Lathrup Village, MI 48076</b>  Telephone number: <b>(248) 350-3700</b>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Name and address where payment should be sent (if different from above):   Telephone number:			
1. Amount of Claim as of Date Case Filed:      \$ <u>21,750.00</u>  If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim.  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).  <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)( ).  Amount entitled to priority: \$ _____	
2. Basis for Claim: <u>claim for MI no-fault benefits</u> (See instruction #2 on reverse side.)		*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
3. Last four digits of any number by which creditor identifies debtor: _____  3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)			
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:  Value of Property: \$ _____ Annual Interest Rate _____ %  Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____  Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____			
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:		FOR COURT USE ONLY	
Date: <u>5-26-11</u> Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. 			

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

B 1G (Official Form 10) (04/10)

<b>UNITED STATES BANKRUPTCY COURT</b> Southern District of New York		<input type="checkbox"/>	<b>PROOF OF CLAIM</b>
Name of Debtor: Motors Liquidation Company, et al., f/k/a General Motors Corp., et al.		Case Number: 09-50026	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): Donald Warner c/o Joseph H Howitt, Esq.		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____	
Name and address where notices should be sent: Joseph H Howitt, Esq. 18831 W. 12 Mile Rd. Lathrup Village, MI 48076  Telephone number: (248) 350-3700		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Name and address where payment should be sent (if different from above):   Telephone number:			
1. Amount of Claim as of Date Case Filed:      \$ <u>21,750.00</u>  If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim.  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).  <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)( ).  Amount entitled to priority: \$ _____	
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